

December 31, 2003

**MEMORANDUM**

TO: CIRCUIT COURT CLERKS

RE: FISCAL YEAR BUDGET REQUEST FOR FISCAL YEAR  
ENDING JUNE 30, 2005 (FY05)

Enclosed are the fiscal year budget request instructions to access your Online Budget Request. This system was designed for all Constitutional Officers to submit requests for salaries and allowances for the fiscal year ending June 30, 2005. The provisions of §15.2-1636.7, Code of Virginia (1950), as amended, require the Online Budget Request to be submitted to the Compensation Board **on or before February 1, 2004**.

This budget package contains the following:

- A. FY05 Budget Preparation Guidelines.
- B. On-Line Budget Request System User Guide for Clerks:
  - 1. Information necessary to complete the Budget Request.
  - 2. Specific computer instructions.
  - 3. Budget Submission Check Off List.
  - 4. Certification of participation in an employee performance evaluation plan.

The Fiscal Year Budget Request for the Fiscal Year ending June 30, 2005 is an online computer system accessed through the State Network Interface Project (SNIP). Please review the supplied data for accuracy. You should amend any inaccuracies that may appear.

Please keep in mind, if the change is a personnel action (CB10) that has not been entered into the SNIP system, **enter the online CB10 form immediately**, so that this approved change will be documented. Documentation will also be required from you for actions affecting your July 1, 2004, base budget, if different from the supplied data. Provide all justification required along with Job Descriptions if you are requesting any position reclassification and have not been delegated classification authority. Please complete all required fields, as the system will not allow you to certify (sign off) the request until all required fields have been completed.

**Please ensure that your Online Budget Request and documentation are received by the Compensation Board not later than February 1, 2004, as required by §15.2-1636.7, Code of Virginia, and that you notify the Governing Body of your locality when the Online Budget Request is available for them to view.**

Should you have questions regarding the Online Budget Request System please call your program technician, Jannette Waldrop at (804) 786-0786, extension # 217.

Sincerely,

Bruce W. Haynes  
Executive Secretary

#### Attachments

Copy to:     Governing Body (w/o Attachments)  
              James W. Matthews, Assistant Executive Secretary  
              Alice M. Coe, Manager, Customer Service  
              Charlene M. Rollins, Lead Management Analyst  
              Jannette Waldrop, Senior Fiscal Technician

## **FY05 BUDGET PREPARATION GUIDELINES**

To assist you in completing the Online Budget Request, the following are a few items which you should have available as you begin working on your budget request.

- The Compensation Board (CB) Operating Manual (available on CB Website)
- December 1, 2003, Salary Scale accessible on the Compensation Board website)
- Compensation Board Approved Budget FY04
- Compensation Board Actions affecting your Base Budget
- Years and Months you and your employees have been in a full-time Compensation Board funded position.
- Workload Data for calendar year 2003
- Approved Permanent Employees Salaries, effective 12/1/03
- The Compensation Board Website address is [www.scb.virginia.gov](http://www.scb.virginia.gov)

Please keep in mind these screens **TIME OUT**. This means that if you must leave to pull information after you get to a particular screen your computer may log you off before you get back to enter the necessary data. Information that was previously entered may also have to be reentered.

The system will allow you to complete your entire Budget Request without returning to the menu.

***FISCAL YEAR 2005***  
***ON-LINE BUDGET REQUEST***  
***SYSTEM USER GUIDE***  
***FOR CIRCUIT COURT CLERKS***

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## TABLE OF CONTENTS

<u>Page</u>	
Compensation Board Main Menu (SNIP) .....	4
Online Budget Main Menu .....	6
Online Budget Sub-Menu .....	8
Address Change Screen .....	10
Selection 2 - Display Of Information For All Employees .....	12
Part I (A) Salary of Current Permanent Employees .....	14
Social Security Number, Name and Approved CB10 Change .....	16
Part I (A) Total Salary of Current Permanent Employees .....	18
Part I (B) Additional Employees Requested .....	20
Part II Part-Time Employee Funding .....	24
Part II (B) Positions Fully Or Partially Funded By CB, Loc, Or Other Not Included in Part I (A) .....	26
Part III Office Expenses .....	28
Part IV Equipment .....	31

<b>Part V Workload Measures .....</b>
<b>32</b>

<b>Part VI Certification Of Employee Performance Evaluation Plan .....</b>
<b>34</b>

<b>Check off List .....</b>
<b>36</b>

<b>Certification .....</b>
<b>38</b>

<b>Comment Screen .....</b>
<b>40</b>

## COMPENSATION BOARD MAIN MENU (SNIP)

11/15/01                      COMMONWEALTH OF VIRGINIA                      SCBRLO01  
COMPENSATION BOARD  
--- **MAIN MENU** ---  
YYMM: \_\_\_\_\_  
LOCALITY: 016                      1. PERMANENT PERSONNEL PROCESS  
OFFICE: 321                      2. TEMPORARY PERSONNEL PROCESS  
   3. OFFICE EXPENSE PROCESS  
   4. EQUIPMENT/SERVICES/MILEAGE PROCESS  
   5. ADDITIONAL ALLOWANCE PROCESS  
   6. CERTIFICATION/APPROVAL PROCESS  
   7. COMPENSATORY TIME PROCESS  
   L. LOCALITY COMMENTS  
   P. PERSONNEL STATUS CHANGE (CB10 SUBMENU)  
   F. FUNDS TRANSFER  
   S. SUBSTITUTE PROSECUTOR  
   **B. ONLINE BUDGET PROCESSING**  
   M. RETURN TO MAIN MENU  
   X. EXIT REIMBURSEMENT PROCESS  
  
ENTER SELECTION: **B**

From the SNIP main menu, enter selection “B” to access the screens for the On-line Budget submission.

1. “TAB” to LOCALITY:\_\_\_\_\_ enter your locality’s code.
2. “TAB” to OFFICE:\_\_\_ enter 321 (Clerks).
3. “TAB” to ENTER SELECTION: \_\_ enter the letter “B”.
4. Press the “ENTER” key to proceed to the next screen.

## ONLINE BUDGET MAIN MENU

11/15/01  
SCBBLO02

COMMONWEALTH OF VIRGINIA

COMPENSATION BOARD

**ONLINE BUDGET PROCESSING**

**--- MAIN MENU ---**

YEAR REQUESTED: 2005

- 1. ONLINE BUDGET PROCESSING**
- 2. BUDGET REDUCTION PLAN
- M. RETURN TO MAIN MENU
- X. EXIT ONLINE BUDGET PROCESS

ENTER SELECTION: 1

Fiscal Year 2005 will be entered for you. If you wish to view information for prior fiscal years, simply type over the 2005 entry with the fiscal year you wish to view.

This screen enables access to the selected fiscal year.

1. "TAB" to ENTER SELECTION:\_\_\_\_\_Type selection number 1.
2. Press the "ENTER" key to proceed to the next screen.

## ONLINE BUDGET SUB-MENU

11/15/01	COMMONWEALTH OF VIRGINIA COMPENSATION BOARD	SCB9LO01
ONLINE BUDGET PROCESSING		
--- SUB MENU ---		
FISCAL YR: 2005	1. <b>LOCALITY AND OFFICER INFORMATION</b>	
LOC: 016	2. SALARIES OF CURRENT PERMANENT EMPLOYEES	
OFF: 321	3. ADDITIONAL EMPLOYEES REQUESTED	
	4. PART TIME EMPLOYEE FUNDING	
	5. POSITIONS FULLY OR PARTIALLY FUNDED BY COMP BOARD, LOCALITY OR OTHER SOURCE	
	6. OFFICE EXPENSES	
	7. EQUIPMENT (NOT FOR CLERKS)	
ENTER	9. AMENDED EQUIPMENT REQUEST (CLERKS ONLY)	
SELECTION: <u>1</u>	A. WORKLOAD MEASURES	
	B. EMPLOYEE PERFORMANCE EVALUATION	
CERTIFICATION	C. BUDGET CHECK OFF LIST	
	D. BUDGET CERTIFICATION/APPROVAL	
	E. LOCALITY COMMENTS	
	F. REVIEW NEW PERMANENT POSITIONS	
	G. AUDIT WORKLOAD (TREAS & C REV)	
	M. RETURN TO MAIN MENU	
	X. EXIT ONLINE BUDGET PROCESS	

This menu provides access to all screens related to the On-line Budget system. The entry of your locality and office code will be displayed for you. The four-digit fiscal year will be carried forward from the previous screen. As you use these screens you are encouraged to process them in sequence. With the completion of the last screen of each process, the depression of the “enter” key with the selection field blank will take you to the next process. **In the Budget Certification/Approval process you will not be allowed to enter your user ID to complete your budget submission if any process that has required fields has not been completed.**

1. FISCAL YEAR, LOCALITY and OFFICE CODE will be displayed for you.
2. ENTER SELECTION:\_\_\_\_\_ enter number 1
3. Press the “ENTER” key to proceed to the next screen

## ADDRESS CHANGE

SEL: \_ (1)  
SCB9UO01  
11/15/01

### FISCAL YEAR BUDGET REQUEST

FOR FISCAL YEAR ENDING JUNE 30, 2005

YY: 2005 LOC: 016 OFF: 321

OFFICER: JOHN T. MONROE

CHG OFFICER: \_\_\_\_\_

CLERK, CIRCUIT COURT  
KALAMAZOO COUNTY

CHG ADD2: \_\_\_\_\_

PO BOX 126

CHG ADD3: \_\_\_\_\_

KALAMAZOO VA 23301 - 0126

CHG CITY ZIP: \_\_\_\_\_ - \_\_\_\_\_

7577875779

CHG PHONE #: ~~7579999999~~

7577871849

CHG FAX #: \_\_\_\_\_

E-MAIL ADDRESS: ITMONROE@KALAMAZOO.ORG

TRANSACTION PROCESSED SUCCESSFULLY

This screen will be displayed when "1" is selected on the On-line Budget Menu. This screen can be used to correct information related to your office. The Officer Name, Title, Locality Name, Mailing Address, Zip Code, Telephone Number, Fax Number and Email Address from the current file are displayed for your review. The information is displayed to allow the correction of the fields that are incorrect. For displayed information that is incorrect, correct information can be typed on the blank line immediately below each line of information. If no email address is listed because you did not have one last year, please enter an address you may have now.

1. Press the "TAB" key to move to the desired field.
2. Press the "ENTER" key, when you have corrected or completed the information requested.
3. Press the "Enter" key to proceed to the next screen, or
4. Type "M" in SEL: \_\_ to return to the main menu.

**Chg Officer:** Enter Correct Officer's Name, if correct, press "TAB" key.  
**Chg Add2:** Enter correct POB or Street Address, if correct, press "TAB" key  
**Chg City Zip:** Enter correct City Zip1 & 2, if correct, press "TAB" key  
**Chg Phone #:** Enter Correct Phone Number, if correct, press "TAB" key  
**Chg Fax #:** Enter Correct Fax Number, if correct press "TAB" key  
**E-mail Address:** Enter correct E-mail Address, if correct press "TAB" key



**ATTENTION: CONSTITUTIONAL OFFICERS**

SCB9UO02

THESE SCREENS WILL DISPLAY CONFIDENTIAL SALARY INFORMATION FOR ALL  
EMPLOYEES IN YOUR OFFICE

\*\*\*\*\*  
 \* IMPORTANT \*  
 \* READ INSTRUCTIONS CAREFULLY BEFORE PREPARING REQUEST \*  
 \*\*\*\*\*

**\*\*OR\*\***

**\*\*OR\*\***

**\*\*OR\*\***

This is the initial screen that will be displayed when selection “2” is made on the On-line Budget Menu.

1. This screen displays 4 choices. Upon initial entry into the Budget Request System we strongly recommend that you choose the first option, and begin to scroll by the default number (1) through the entire permanent personnel.

**ENTER PAGE AT WHICH**

**ENTER "T" TO GO DIRECTLY**

**ENTER "M" TO RETURN**

**ENTER SSN AT WHICH TO BEGIN:** Enter employee's SSN here if you wish to begin the display of permanent personnel records with a selected record instead of paging through the records.

3. Press the “ENTER” key to proceed to the next screen.

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## PART I (A) SALARY OF CURRENT PERMANENT EMPLOYEES

```

SEL: _ (2) 11/15/01 PART I (A) SAL OF CUR PERM EMPL SCB9U002 PAGE:
1
      YY: 2005 LOC: 016 OFF: 321 OFFICER: JOHN T. MONROE

      POS      SSN      LAST NAME      INIT      RE-
ANN
*YRS - MO HRS ANN SAL LOC SAL  TOT SAL AMT REQ  SAL  CLASS  CLASS
SAL
EMP  WK  APPROV  SUPPL  INC SUP  ABOVE  AMT REQ
ADJ
      00001      222222222      MONROE      SH
      76464
* 15 -      76464      0      76464      76464      CLERK
Y
      00005      000000000
      23279
* -      37.5      23279      3000      26279      2001      20279 *      DCI      DCII_
Y
      00006      222222222      MASONS      CS
      20368
* 10 -      37.5      20368      0      20368      20368      DCI
Y
      X      00004      333333333      ROMANE      PJ
      25448
* 24 -      37.5      25448      0      25448      25448      DCI
Y

      TRANSACTION PROCESSED SUCCESSFULLY      * 'BELOW MINI' OR 'ABOVE
MAX'
  
```

This screen displays each position record for your office. There are up to four records displayed on each screen. There will be as many screens as are required to display all position records for your office. The position number, social security number, last name, initials, annual salary for the position, salary amount requested, class code, hours worked and the annual salary adjustment indicator are initially supplied for each position. For each position you must enter years/months employed (if not supplied) and the local salary supplement. You may also correct the class code, request a reclassification of the class code, and request an amount above the current salary for the position. If salary adjustments are made to the salary amount requested the system will calculate the difference from the annual salary approved and place the difference in the amount requested above field.

*Tip: When the same employee remains with the same position number they had last fiscal year, the "Years Of Service" will be supplied based upon the number of years entered last year, plus 1 year. The "Hours Required To Work Per Week" will be supplied as entered last year for all positions on last year's budget request. For NEW positions, you will be required to enter both the "Years of Service" & "Hours required to work per week". Be careful, as the system will not let you proceed to the next screen until all required fields are completed.*

**PERSONNEL CHANGES (CB10S) PROCESSED BY THE COMPENSATION BOARD**

**TECHNICIANS DURING THE TIME PERIOD THAT THE ONLINE BUDGET SYSTEM IS AVAILABLE TO YOUR OFFICE WILL AUTOMATICALLY UPDATE PERSONNEL AND SALARY INFORMATION TO THIS SCREEN. PLEASE BE AWARE OF ANY PENDING CB10S YOU HAVE THAT WILL BE PROCESSED DURING THIS PERIOD AND PRIOR TO THE SIGN OFF OF YOUR ONLINE BUDGET REQUEST. THE PROCESSING OF A CB10 WILL ELIMINATE ANY SALARY INCREASE AND/OR RECLASSIFICATION REQUEST PREVIOUSLY ENTERED ON THIS SCREEN FOR THE AFFECTED POSITION IF THE OFFICER HAS NOT YET SIGNED OFF ON THE COMPLETED BUDGET REQUEST. IF THE TYPE OF REQUEST ENTERED FOR THE AFFECTED POSITION PRIOR TO THE PERSONNEL CHANGE IS STILL DESIRED AFTER THE PERSONNEL CHANGE, THE REQUEST WILL NEED TO BE RE-ENTERED PRIOR TO SIGN OFF BY THE OFFICER.**

## **PART I (A) SALARY OF CURRENT PERMANENT EMPLOYEES**

1. Press the “TAB” key to move to the next field of entry, or, hit the enter key and the cursor will move to the next required field.
2. Type “X” on the line next to the position number, ONLY if the supplied Social Security Number or Last Name is incorrect, or has not been updated with an approved on-line CB10. This action will take you to another screen after all information on this screen has been entered. Please turn this page to see the screen print and for instructions on entering information on the screen.
3. Press the “TAB” key to move to the next field of entry.
4. The rows and corresponding field names that are marked with an asterisk (\*) identify the fields and lines in each position record that may be altered.
5. The number displayed in parentheses (2) next to the SEL: \_\_ field is used to redisplay the screen for data entry without returning to the main menu, when number is entered in SEL.

**Field 1: Yrs Worked:** Enter the number of years employed in a Compensation Board full time approved position. **Supplied for employees with same position number as last fiscal year.**

**Field 2: Months Worked:** Enter the number of months employed if less than one year, or the number of months in excess of the full year. The value entered may be 00-11. **Supplied for employees with same position number as last fiscal year.**

**Field 3: Hrs Worked:** Enter the hours required to be worked per week, if hours supplied (37.5) is incorrect. **Supplied for all positions, with exception of “NEW” positions**

**Field 4: Ann Sal Approv:** Enter correct salary here, if the supplied Annual Salary Approved is incorrect.

**Field 5: Loc Sal Suppl:** Enter the amount the position is supplemented by the locality, enter ‘0’ if no supplement.

**Field 6: Tot Sal Inc Sup:** **This field will be calculated for you:** Compensation Board Approved Salary plus the Locality Supplement.

**Field 7: Amt Req Above:** **This field will be calculated for you** if you change the Salary amount requested.

**Field 8: Sal Amt Req:** Enter here, if the salary supplied is different than the salary you desire for this employee.

**Field 9: Class:** Enter **correct** Class here, if the Class supplied is incorrect. **(Not for RECLASS)**

**Field 10: Reclass:** Enter here, if you are requesting a **RECLASS** for the employee currently in this position. You Must Provide A Job description for each position you are requesting to be reclassified, or have Delegation of Classification Authority. **(DO NOT ENTER AN ONLINE CB10 FOR THIS REQUEST)**

**Field 11: Sal Adj:** Make a change here only if you do not wish the employee listed to receive an annual salary increase. Enter “N” for no.

6. After all information has been entered on the screen, press the “Enter” key.
7. Press the “Enter” key to proceed to the next screen, or

8. Type “M” in SEL: to go back to the main menu.

**NOTE:** The Message “ \* Below Mini” or the message “ \* Above Max” will appear at the bottom of your screen if the class or salary requested is not a valid class or salary. An asterisk (\*) will also appear beside that position number for Compensation Board to correct.

## SOCIAL SECURITY NUMBER AND NAME CHANGE

```

SEL: _ (2) 11/15/01 PART I (A) SAL OF CUR PERM EMPL SCB9U002 PAGE:
1
      YY: 2005 LOC: 016 OFF: 321 OFFICER: JOHN T. MONROE
      POS +-----+
ANN
*YRS - MO HRS |
SAL
      EMP    WK |      SEL: SCB9U002 |
ADJ
      00001    2 |
      -        |      SSN AND NAME CHANGES FOR
      * 15 -   |      11/15/01 CURRENT PERMANENT EMPLOYEES
      Y        |
      - 00005  0 |      YY: 2005 LOC: 016 OFF: 321
      *   -   |      OFFICER: JOHN T. MONROE
      Y   -   |
      -   - 37.5 |      POS      SSN      LAST NAME      INIT
      *   -   |      00004  123456789  HUNDLEY      PJ
      Y   -   |      555555555  THOMPSON      JJ
      - 00006  2 |
      * 10 -   |
      Y   -   |
      X 00004  2 |
      * 24 -   |
      Y   -   |
      +-----+
  
```

This window within the permanent employee screen will display the position number, social security number, last name, and initials of the current employee in the selected position and allow the correction of the SSN, the last name or the initials.

1. Type "X" on the line next to the position number.
2. Press "TAB" to "Annual Salary Approved" only if the salary is incorrect on this screen and you have an approved CB10.
3. Press the "ENTER" key.
4. Press the "TAB" key to move to the next field of entry

**Field 1: SSN#:** Enter the Employee's correct Social Security Number, if the supplied number is incorrect, "TAB"

**Field 2: Last Name:** Enter the Employee's Last Name, "TAB"

**Field 3: Init:** Enter the Employee's first and middle initials.

5. Press the "Enter" key after completing requested information to return to the previous screen, (Permanent Personnel).

The CB10s will update your permanent personnel screen on the OFFICERS LINE (2<sup>ND</sup> LINE) when the pending CB10s are approved by your program technician. When entering CB10s with effective dates of January 1<sup>st</sup> - 31<sup>ST</sup>, please be sure to check your permanent personnel screens to make sure the CB10s have not affected your intended salary request for that position. Once the Officer has certified his request (signed-off). CB10s will then update the Compensation Board line (3<sup>rd</sup> Line).

## PART I (A) TOTAL SALARY OF CURRENT PERMANENT EMPLOYEES

SEL: (2)	PART I (A) SAL OF CUR PERM EMPL				SCB9U002
11/15/01					
YY: 2005 LOC: 016 OFF: 321 OFFICER: JOHN T. MONROE					
TOTAL PART I (A)					
	ANN SAL APPROV	LOC SAL SUPPL	TOT SAL INC SUP	AMT REQ ABOVE	SAL AMT REQ
	201060				201060
	201060	3000	148559	+	2001
	0		0	+	0

The PART I (A) salary totals for the current permanent employees for your office are displayed on this screen.

1. The 1<sup>st</sup> line of totals is supplied, based on salaries as approved December 31.
2. The 2<sup>nd</sup> line of totals is re-calculated based on changes made to the current permanent employees' salaries and amounts requested. Please check the amounts on the 2<sup>nd</sup> line, for substantial differences from the supplied information, as there may be a chance for keying errors.
3. The 3<sup>rd</sup> line of totals will reflect Compensation Board approved amounts on and after May 1.
4. Press the "Enter" key to proceed to the next screen, or
5. Type "M" in SEL:\_\_\_\_\_ to go back to the main menu.

## PART I (B) ADDITIONAL EMPLOYEES REQUESTED

SEL: _ (3)	<b>PART I (B) ADDITIONAL EMPL REQ</b>	SCB9UO04	PAGE:
1			
11/15/01			
YY: 2005	LOC: 016	OFF: 321	OFFICER: JOHN T. MONROE
	CLASS	ENTRY	NUM OF
		LEV SAL	POSITIONS
			TOTAL AMT
			REQ
	MT	15596	01
	CTII	17048	02
	GOC	17048	01
	DCI	18635	0
OTHER			
TRANSACTION PROCESSED SUCCESSFULLY			

This screen will be displayed from selection “3” on the On-line Budget Menu. The screen will display predefined classes for each office along with the entry-level salary for each class. You may request additional positions of a predefined class or enter a request for a class that has not been predefined for your office. If additional positions are requested, the system will calculate the total amount for each class based on the number of positions requested.

**Note: Complete this section to request additional full-time Compensation Board funded positions.**

1. Press the “TAB” key to move to the next field of entry.
2. Complete this section - These are required fields, you must enter a 0 or the number of additional full-time Compensation Board funded positions requested.

**Field 1: Number of Positions:** Enter 0 or the number of positions requested. “TAB” to the next field.

**Field 2: Number of Positions:** Enter 0 or the number of positions requested. “TAB” to the next field.

**Field 3: Number of Positions:** Enter 0 or the number of positions requested. “TAB” to the next field.

**Field 4: Number of Positions:** Enter 0 or the number of positions requested. “TAB” to the next field.

**Field 5: Class:** Enter the Name of Class requested, if other than the classes listed above, or leave blank and “TAB” to the next field (**must be a Compensation Board defined class**).

**Field 6: Entry Lev Sal:** Enter Salary requested or leave blank if no CLASS request was entered in the previous field

**Field 7: Number of Positions:** Enter number of positions requested or leave blank if no CLASS request was made.

**Field 8: Class:** Enter the Name of Class requested, if other than the classes listed above, or leave blank and “TAB” to the next field

**Field 9: Entry Lev Sal:** Enter Salary requested or leave blank if no CLASS request was made in the previous field

**Field 10: Number of Positions:** Enter number of positions requested or leave blank if no CLASS request was made.

3. Press the “Enter” key after completing the information requested.

4. Press the “Enter” key to proceed to the next screen, or
5. Type “M” in SEL: to go back to the main menu.

**NOTE: The Compensation Board approved workload based staffing standards as recommended by the Virginia Court Clerks Association. Any new positions approved by the General Assembly or any reallocated positions will be allocated by the Compensation Board in FY05, as they were in FY04, based upon the request of the Clerk in accordance with the Compensation Board’s staffing standards. Please see the Compensation Board Operating Manual for Compensation Board criteria for allocating new positions.**

## ***TOTAL - PART I (B) ADDITIONAL EMPLOYEES REQUESTED***

SEL: (3)	PART I (B) ADDITIONAL EMPL REQ	SCB9U004
11/15/01	OFFICE TOTAL	
YY: 2005	LOC: 016	OFF: 321
OFFICER: JOHN T. MONROE		
TOTAL PART I (B)		
CLASS	ENTRY LEV SAL	TOTAL NUM OF POSITIONS
		TOTAL AMT REQ
		4
		66740

This screen will display the total number and total salaries of additional positions requested

## PART II. PART-TIME EMPLOYEE FUNDING

```
SEL: (4)          PART II PART TIME EMP FUNDING
SCB9U005
11/15/01

YY: 2005  LOC: 016  OFF: 321  OFFICER: JOHN T. MONROE

      (A)          (B)          (C)
      BASE AMT     AMT REQ     TOTAL
      APPROV      ABOVE/      REQ
                  BELOW

              0
              0          10000      10000

RECORD PROCESSED SUCCESSFULLY
```

This is the initial screen that will be displayed when selection “4” is made on the On-line Budget Menu. The budgeted amount for the prior fiscal year for part time employee funding is displayed in Column (A). You must enter a request for either an additional amount, a reduced amount or no change in the amount from the prior year. If additional or reduced funding is requested the system will recalculate the total amount requested.

**The “Base Amount Approved for the Current Fiscal Year” has been supplied. Please check this amount to your Original July 1 Approved Budget to make sure that transfers approved during the current year are not included in this figure, unless the approved Compensation Board transfer letter states approval of a BASE BUDGET ADJUSTMENT.**

1. Complete this section - **These are required fields.**
2. Press the “TAB” key to go to the next field of entry.

**Field 1: Base Amt Approved:** Enter here only if the base amount shown is different than the July 1 Compensation Board Approved Budget. This amount could change due to Compensation Board Action.

**Field 2: Amt Req Above/Below:** Enter 0, the additional amount or a lesser amount. For the lesser amount enter (-) in front the amount.

**Field 3: Total Req:** This field will be calculated for you.

3. Press the “Enter” key after completing the information requested.

4. Press the “Enter” key to proceed to the next screen, or
5. Type “M” in SEL:\_\_\_\_\_ to go back to the main menu.

**PART II (B) POSITIONS FULLY OR PARTIALLY FUNDED BY CB, LOC OR  
OTHER NOT INCLUDED IN PART I(A)**

SEL: _ (5)		PART II (B)		POS FULLY OR PART FUNDED BY		SCB9U006		PAGE:	
1									
11/15/01		CB, LOC OR OTHER NOT INCL IN PART I (A)							
YY: 2005		LOC: 016		OFF: 321		OFFICER: JOHN T. MONROE			
LAST NAME		INIT		CLASS		HR ANNUAL		TOT	
						RATE WRK HR		FUNDS CB LOC	
FED OTHER									
HOUSTON		AJ				10.80 2080		22464 X X	
JOHNSON		TB				8.40 1000		8400 X	
—									
TRANSACTION PROCESSED SUCCESSFULLY								TOT FUNDS: 30864	

This is the initial screen that will be displayed when selection “5” is made on the On-line Budget Menu. This screen should be used to enter salary information of positions fully or partially funded by the Compensation Board, the Locality or other sources. This does not include positions identified as current permanent employees in Part I (A), which may be supplemented by another source. For each temporary employee for whom reimbursement will be requested from CB approved part time funding, you must provide the last name, the initials, the class, the hourly rate, the planned number of hours to be reimbursed for the fiscal year and the source(s) of funding for the personnel. Upon entry of the required fields, the system will calculate the fund amount for each person and the total funds for your office.

Complete this section - Do not include employees listed in Part I (A) Salaries of Permanent Employees. These fields are not required unless a name is entered in field 1. Therefore, **do not type** “NONE” if you do not have an employee of this type. If you enter a last name, you must also enter all of the information for that record.

1. If you enter Last Name (Field1), you must also enter a value in fields 2-5 and enter an “X” in at least one of fund source fields (7, 8, 9 or 10). You may enter an “X” in as many of the fields as are applicable for that record.
2. To delete an existing line from this screen, BLANK all the fields in which you have made an entry.
3. Press the “TAB” key to go to the next field of entry.

**Field 1: Last Name:** Enter the employee’s last name; if the last name is unknown, type “UNKNOWN” in this field.

**Field 2: Init:** Enter the employee’s first & middle initials.

**Field 3: Class:** Enter the employee’s class.

**Field 4: Hr Rate:** Enter the employee’s hourly rate.

**Field 5: Annual Work Hr:** Enter the total number of hours worked **annually**.

**Field 6: Tot Funds:** **This field will be calculated for you**

**Field 7: CB:** Enter “X”, if employee is partially or fully funded by the Compensation Board from Part-time funds.

**Field 8: Loc:** Enter “X”, if employee is partially or fully funded by the Locality.

**Field 9: Fed:** Enter “X”, if employee is partially or fully Federally funded.

**Field 10: Other:** Enter “X”, if employee is partially or fully funded by other sources.

4. Press the "Tab" key to go to Field 1 on the next line to list additional employees, or
5. Press the "Enter" key after completing the information requested.
6. Press the "Enter" key again to proceed to the next screen, or
7. Type "M" in SEL: to return to the Main Menu.

### PART III. OFFICE EXPENSES

SEL: (6)		<b>PART III OFFICE EXPENSES</b>	
SCB9U007			
11/15/01		CLERK, CIRCUIT COURT	
YY: 2005	LOC: 016	OFF: 321	OFFICER: JOHN T. MONROE
		(A) *	(B) =
(C)		+	
		BASE AMT	AMT REQ
TOTAL			
		APPROV	ABOVE
REQ			APPROV
MICROFILM, INDEXING AND LABOR COSTS . . .		10000	1000
11000			
OTHER OFFICE EXPENSES . . . . .		405	1000
1405			
MONEY AND SECURITIES, POSTAGE/BOX RENTAL, ASSOCIATION DUES (CLERKS ONLY), COPY MACHINE COPIES, ETC.			
* THE ITEMIZED OFFICE EXPENSES SHOULD ADD TO THE TOTAL IN COL. A.			
TOTAL OFFICE EXPENSES (PART III)		10405	
		10405	2001
12405			
RECORD PROCESSED SUCCESSFULLY			

This is the initial screen that will be displayed when selection "6" is made on the On-line Budget Menu for your office. The total office expenses for the prior year will be displayed. You must enter a request to increase, decrease or retain the same amount as the base amount approved by entering an amount in the "amount requested above/below approved" field. The system will recalculate the office total based on the amount entered.

**The amount requested above/below is a required field.** Participation of the Compensation Board in Office Expenses is limited to certain items as provided by the Code of Virginia, (1950), as amended. Any additions or transfers made during the current fiscal year may be included in the supplied figures. Please check the supplied amount to your original Compensation Board approved Budget, and approval letters affecting the base budget.

1. Complete this section - These are required fields.
2. Press the "TAB" key to go to the next field of entry.

**Field 1: Microfilm, Indexing and Labor:**

Enter '0' or the amount you anticipate using for Microfilm costs.  
"TAB"

**Field 2: Amt Req Above/Below Approved:**

Enter '0', an additional amount or a lesser amount. For a lesser amount enter (-) in front of the amount.

**Field 3: Other Office Expense:**

**This amount will be calculated for you.**

**Field 4: Amt Req Above/Below Approved:**

Enter '0', an additional amount or a lesser amount. For a lesser amount

enter (-) in front of the amount.

**Field 5:** Total Request:

**This field will be calculated for you.**

**Field 6:** Total Request:

**This field will be calculated for you**

3. Press the "Enter" key after completing the information requested.
4. Press the "Enter" key again to proceed to the next screen, or
5. Type "M" in SEL to return to the main menu.

#### ***PART IV. EQUIPMENT***

**THERE WILL BE NO EQUIPMENT REQUEST FOR CIRCUIT COURT CLERKS IN JANUARY. REQUESTS WILL BE MADE FOR TECHNOLOGY TRUST FUNDS FOR FY05 IN AUGUST 2004.**

## PART V. WORKLOAD MEASURES

SEL: <u>  (A)  </u> <b>PART IV WORKLOAD MEASURES</b>	SCB9US18
11/15/01    CLERKS OF THE CIRCUIT COURT	
YY: 2005   LOC: 016   OFF: 321   OFFICER: JOHN T. MONROE	
	<b>CY01   CY02   CY03   AVG</b>
1. CRIMINAL CASES COMMENCED	179   233   222   211
2. LAW CASES COMMENCED	200   186   111   166
3. CHANCERY CASES COMMENCED	258   235   222   238
4. WILLS/ESTATES INITIATED	383   240   222   282
5. JUDGEMENTS/ADMIN LIENS/NOTICES	4038   3046   3333   3472
6. DEEDS RECORDED	5537   5611   5555   5568
7. FINANCING STATEMENTS (OF)	655   483   444   527
8. FICTITIOUS NAMES	43   38   33   38
9. MARRIAGE LICENSES	333   358   333   341
10. NOTARY QUALIFIED	54   44   44   47
11. GAME LICENSES	1337   1487   1111   1312
12. CONCEALED HAND GUN PERMITS ISSUED	154   265   222   214
FTE NEEDED: 6.29	
CAL YR	
BEG 1/1/02	
PART IV(B) - NUMBER OF PASSPORTS .....	200
TRANSACTION SUCCESSFULLY PROCESSED	

This screen will be displayed when “A” is selected on the On-line Budget Menu or when the enter key is depressed on the Office Expense screen and the select field is blank. This screen must be processed and an amount must be entered for each workload factor for the most recent ending calendar year. The screen will also display the amounts for the previous two calendar years.

Please provide requested information in accordance with Section 15.2-1636.7, Code of Virginia (1950 as amended). Information requested is based **on the most recent calendar year**.

1. Press the “TAB” key to go to the first field of entry. **These are required fields.**
2. Enter the number of transactions for each workload measure listed, if not applicable to your office enter 0, and “TAB” to the next field. (Do Not Leave Blanks or the system will not let you proceed to the next screen)
3. Repeat this process until you have entered the number of transactions for each workload measure listed on this screen.
4. Press the “ENTER” key after entering the information requested.
5. Press the “ENTER” key again to proceed to the next category or,

6. Type "M" in SEL:\_\_\_\_\_ (at the top of the screen) to return to the main menu.

## **WORKLOAD DEFINITIONS**

**CRIMINAL CASES:** Criminal cases commenced as reported on the monthly caseload reports. If the caseload reports are properly prepared, each count in the indictment is a separate case and each reinstatement is a separate case. Some of the work included is setting-up the file and docket; summoning the grand jury and grand jury witnesses; issuing capiases; determination of indigence; receiving all papers filed; attending all hearings; processing all orders; summoning trial jurors and witnesses; securing exhibits; payment to jurors and witnesses; allowing the public and press access to case papers; keeping track of court reporter cost and recordings; keeping track of court-appointed attorney cost; computing fines and costs; collecting fines, costs and restitution; debt set-off processing; communicating with prisoner, DMV, Department of Corrections and Probation and Parole office; preparing record for appeal to higher court; filming and indexing orders and maintained files.

**LAW AND CHANCERY:** Law and chancery cases commenced as reported on the monthly caseload reports. Counted at the time filed even though the case may remain on the docket for years. Any trust fund administration is included as part of the original case and not as a separate case. Reinstatements are counted as separate cases. Law cases on the average. Take more of the clerk's time than chancery because chancery cases rarely require a jury and may be decided in chambers on written depositions.

**WILLS & ESTATES:** A file opened for a decedent, a trust or a person under a disability, counted only at the time the file is initiated and not re-counted at the time of subsequent transactions. This should include affidavits of intestate transfer. A single case may involve the probate of will, the qualification of an executor, recording a bond, recording list of heirs, certificates of qualification, recording final accounting, and perhaps many interim accounting, perhaps qualification of administrator, c.t.a., d.b.n., recording affidavit of probate notice, show cause orders and court hearings on delinquent fiduciaries; and writing clerk's order associated with any of the above. At the other extreme, a case MAY BE NOTHING MORE THAN THE RECORDING AND FILING OF AN AFFIDAVIT OF INTESTATE TRANSFER.

**JUDGEMENTS:** All court judgements and administrative liens and notices required to be recorded in the judgement lien docket. Only original judgements are counted. The work involved includes receiving the judgement with fee at the counter or through judgement worth fee at the counter or throughout the mail, and logging it in; filming or typing the judgement in the docket book according to local practice; maintaining and up to date index, assisting the public in determining what is on their record; and recording assignments and releases.

**DEEDS:** Each separate instrument recorded in the land records. When more than one instrument is included in a single document recorded they can be counted separately. The work involved includes computing the fees and taxes and collection payment; logging into the instrument; filming and indexing; maintains the land records for use by the public; and providing transfer.

**FINANCING STATEMENTS:** Only original filings are counted. Continuation and termination statements are considered part of the same case.

**FICTITIOUS NAME, MARRIAGE LICENSE, NOTARY QUALIFIED, GAME LICENSES:** Each of these is single transactions case. Count each activity that occurs, except for game licenses count only those licenses issued for which the clerk receives the \$.50 fee. In some clerks' offices, these transactions are almost insignificant in the total office workload. However, each is another measure of how busy an office is, and some offices may do inordinate amounts of some types of transactions and should get credit for this work.

**CONCEALED HANDGUN PERMITS:** Each application filed, whether approved or not and including any transfer from another jurisdiction. The court reported should be consistent with the number reported on the monthly caseload statistics reports.

**WORKLOAD**  
CRIMINAL  
weight/1856)

**WEIGHTS**  
7.50

**WORKLOAD FORMULA**  
SUM(2.1 + 0.79 \*

LAW	5.50
CHANCERY	4.00
WILL & ESTATES	4.00
JUDGMENTS	0.50
DEEDS	0.55
FINANCING STATEMENTS	0.50
FICTITIOUS NAMES	0.40
MARRIAGE LICENSES	0.55
NOTARY QUALIFIED	0.40
GAME LICENSES	0.40
CONCEALED HANDGUN PERMITS	0.55

## PART VI. CERTIFICATION OF EMPLOYEE PERFORMANCE EVALUATION PLAN

SEL: _ (B)	CERTIFICATION OF		
SCB9U013			
11/15/01	EMPLOYEE PERFORMANCE EVALUATION PLAN		
YY: 2005	LOC: 016	OFF: 321	OFFICER: JOHN T. MONROE
CERTIFICATION THE EMPLOYEE PERFORMANCE EVALUATION PLAN CURRENTLY IN EFFECT OF EMPLOYEE FOR THIS OFFICE, ADOPTED ON 04 / 20 / 1994 , INCORPORATES ALL THE FOLLOWING CRITERIA:			
PERFORMANCE EVALUATION PLAN			
1. JOB DESCRIPTION			
2. WRITTEN PERFORMANCE PLAN			
3. PERFORMANCE EVALUATION AND INTERVIEW WITH EMPLOYEE			
4. SIGNATURES OF EMPLOYEE AND IMMEDIATE SUPERVISOR			
JOHN T. MONROE		OFFICER APPROVAL USER ID: _____	
***** O R *****			
CERTIFICATION OF THIS OFFICE 'DOES NOT' CURRENTLY PARTICIPATE IN AN EMPLOYEE NON-PARTICIPATION PERFORMANCE EVALUATION PLAN WHICH MEETS THE CRITERIA SET IN EMPLOYEE BY THE COMPENSATION BOARD.			
PERFORMANCE EVALUATION PLAN		OFFICER APPROVAL ID: _____	
TRANSACTION PROCESSED SUCCESSFULLY			

This screen will be displayed when “B” is selected on the On-line Budget Menu or when the enter key is pressed at the completion of the workload measures process if the select field is blank. You are required to provide either the date of the establishment of your evaluation program and your Officer Approval User ID or your user ID if your office does not have an evaluation plan.

**TIP:** The Date of the establishment of your evaluation program will be displayed as it was entered last year. If you no longer have an evaluation program or if you are a new officer and elect not to adopt the previous officer’s evaluation program you may erase the date and enter your Officer Approval User ID in the “DOES NOT” have an evaluation plan (lower portion of this screen).

1. Complete this section. **These fields are required.**
2. Press the “Tab” key to the desired field. Please enter your USERID on one line only (Field 2 or Field 3).

**Field 1: Date adopted:** Date Performance Evaluation Plan was adopted has been provided, if correct “TAB” to next field of entry. If that date is no longer applicable erase the date and enter the new date and “TAB” to the next field of entry, or if you have not adopted a pay for performance plan erase the date and “TAB” to Field 3.

**Field 2: Office has Pay for**

**Performance:** Enter your OFFICER APPROVAL USERID or “TAB” to the next Field.

**Field 3: Office DOES NOT**

**have PFP:** Enter your OFFICER APPROVAL USERID, if not entered in Field 2.

Press the “ENTER” key after completing information requested.

3. Press the “ENTER” key again to proceed to the next category or,
4. Type “M” in SEL: (at the top of the screen) to return to the main menu.

## ***CRITERIA FOR AN EMPLOYEE PERFORMANCE PLAN***

### **Job Description**

A detailed job description is maintained for each permanent employee, which provides the elements for evaluation on the employee's performance plan.

### **Written Performance Plan**

Each employee's performance plan identifies and prioritizes job elements based upon the employee's job description, states expectations for the acceptable level of performance for each job element, and addresses the extent to which external factors impact the employee's ability to perform the job. Factors, which are not related to the job, such as race, sex, religion, level of salary or physical condition, are not considered in the **evaluation** process.

### **Performance Evaluation and Interview with Employee**

The performance plan and evaluation expectations are discussed by the employee and his/her immediate supervisor at the beginning of the performance cycle and in at least one interview every 12 months. These meetings address ways to improve performance, note areas of improvement already achieved, and provide a forum for discussion of goals, expectations, and factors affecting performance.

### **Signatures of Employee and Immediate Supervisor**

Both the employee and the employee's immediate supervisor sign the performance plan and the evaluation; copies are made available to the employee and the originals are maintained in the employee's permanent personnel file.

## CHECKOFF LIST

SEL:    (C)                      **BUDGET SUBMISSION CHECKOFF LIST**  
SCB9U011  
11/15/01                      CLERKS OF THE CIRCUIT COURT  
YY: 2005    LOC: 016    OFF: 321    OFFICER: JOHN T. MONROE  
1. VERIFICATION OR CORRECTIONS TO ADDRESS, PHONE AND FAX INFO  
Y  
2. ESTIMATE AND BASIS OF ESTIMATE FOR NUMBER AND TYPE OF INSTRUMENTS  
Y  
INDEXED AND MICROFILMED AS WELL AS APPROXIMATE COST PER INSTRUMENT  
(USE THE COMMENT SCREEN)  
3. PLEASE ENTER NAME OF THE CONTACT PERSON CONCERNING THIS FORM  
JOHN T. MONROE  
TRANSACTION PROCESSED SUCCESSFULLY

This screen will be displayed when “C” is selected on the On-line Budget Menu or if you press the enter key at the completion of the performance evaluation screen processing and the selection field is blank. **You are required to complete the entry of the fields on this screen.**

1. Press the “TAB” key to go to the desired field.
2. Enter a “Y” in the fields provided to indicate the required functions have been performed. Enter “N” in the instance a function is not applicable, “TAB” to the next field.
3. Repeat this process until you have entered a “Y” or an “N” in all fields provided, and typed the name of the person to contact for questions when reviewing your budget request.
4. Press the “Enter” key after completing requested information.
5. Press the “Enter” key to proceed to the next category or,
6. Type “M” in SEL\_\_ : (at the top of the screen) to return to the main menu.

## CERTIFICATION

SEL: M (D)

SCB9UO12

11/15/01 CERTIFICATION OF  
FISCAL YEAR BUDGET REQUEST  
FOR FISCAL YEAR ENDING JUNE 30, 2005

YY: 2005 LOC: 016 OFF: 321 OFFICER: JOHN T. MONROE

I CERTIFY THAT THIS REQUEST REPRESENTS AN ACCURATE STATEMENT OF OFFICE WORKLOAD DATA, SALARY SUPPLEMENTS, LOCALLY FUNDED POSITIONS AND MY ANTICIPATED FUNDING NEEDS FOR THE UPCOMING FISCAL YEAR. I HAVE NOTIFIED THE GOVERNING BODY OF MY LOCALITY OF THE AVAILABILITY FOR REVIEW OF THE REQUEST AND HAVE PROVIDED THEM A COPY OF ALL DOCUMENTATION AND JUSTIFICATION FORWARDED TO THE COMPENSATION BOARD.

APPROVAL

OFFICER APPROVAL USER ID: \_\_\_\_\_

CB APPROVAL USER ID: \_\_\_\_\_

ENTER REQ FLDS, PERM EMPL - SEL 2 - MENU

This screen will be displayed when 'D' is selected on the On-line Budget menu, or if you press 'Enter' after completion of the check off list screen and the selection field is blank. If you enter your Officer Approval User ID to submit your budget request and all screens that have required fields have not been processed, the system will not accept your sign off. Under this condition, the system will inform you that a required process has not been completed and a message will direct you to the incomplete process selection on the On-line Budget Menu. Once you have submitted your budget request you may not further modify your request. From the time of your submission until the completion of the budget approval process you may view only your submission. Upon approval of your budget, on May 1, you will be able to view your budget submission as approved, which will include any adjustments made by the Compensation Board.

**PLEASE CHECK YOUR REQUEST FOR ANY FINAL CHANGES. ONCE THE USER ID HAS BEEN ENTERED, THE OFFICER CAN NO LONGER MAKE CHANGES TO THE BUDGET REQUEST.**

1. . "TAB" to the next field of entry.
2. **Officer Approval User ID:** Enter your "USER ID"
3. Press the "ENTER" key after completing information requested information.
4. Press the "ENTER" key to proceed to the **Comment Screen**, or
5. Type "M" to return to the main menu.

**TIP: If your screen has the error messages as shown at the bottom of the screen print on page 38, you have not CERTIFIED. Please enter the number shown, "SEL 2", in the SEL field at the upper left hand corner of your screen to complete the required fields, and then return to the certification screen.**

**COMMENTS**

11/15/01 SEL: (E) COMMENTS SCB9UO17

CCYY: 2005 LOC: 016 OFF: 321 NAME OF OFFICER: JOHN T. MONROE 7577875779

COMMENTS PAGE 1 OF 1

These screens will be displayed when “E” is selected on the On-line Budget Menu. There are 40 lines on two screens that allow the entry of comments in a free form format. The use of these screens is optional and the data entered is not edited.

This screen is available for any information you feel is necessary for the Compensation Board to know about your on-line budget request. There are only two screens available for your comments, so keep this in mind, as you may wish to send paper documentation for more detailed comments.

1. Please remember this screen will **Time Out**. Start typing the information you would like to convey, after about 5 minutes.
2. Press the “Enter” key and then enter “**E**” in the **SEL:** \_\_ (at the top of your screen).
3. Press “Enter” again, this will refresh the screen and avoid losing the information you typed.
4. Please reference the section of the on-line budget request your comments are referring to, e.g. (5. PART II PART-TIME EMPLOYEE FUNDING).

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